

APPLICATION FOR UNITED STATES PATENT DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

my residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: ELECTRONIC STILL CAMERA

described and claimed in the specification:

Check one

- * a. ☒ attached hereto.
b. ☐ filed on _____ as Application Serial No.

I hereby state that I have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations § 1.56.

Under Title 35, U.S. Code § 119, the priority benefits of the following foreign application(s) filed by me or my legal representatives or assigns within one year prior to this application are hereby claimed:

Japanese Patent Application No. 11-260836 filed September 14, 1999 Japanese Patent Application No. 11-303991 filed October 26, 1999
Japanese Patent Application No. 11-260837 filed September 14, 1999 Japanese Patent Application No. 11-318163 filed November 9, 1999
Japanese Patent Application No. 11-303990 filed October 26, 1999

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to said international application, or (b) before the filing date of the above-named foreign priority application(s) and/or United States provisional application(s):

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

James A. Oliff, Reg. No. 27,075; William P. Berridge, Reg. No. 30,024;
Kirk M. Hudson, Reg. No. 27,562; Thomas J. Pardini, Reg. No. 30,411;
Edward P. Walker, Reg. No. 31,450; Robert A. Miller, Reg. No. 32,771;
Mario A. Costantino, Reg. No. 33,565; Caroline D. Dennison, Reg. No. 34,494;
and Stephen J. Roe, Reg. No. 34,463.

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, PLC, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1	Typewritten Full Name of Sole or First Inventor	Satoshi EJIMA		
		Given Name	Middle Initial	Family Name
2	Inventor's Signature	Satoshi EJIMA		
3	Date of Signature	Sep. - 6 - 2000		
		Month	Day	Year
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If Box a. is checked, this form may be executed only when attached to the specification (including claims).
Note to Inventor: Please sign name exactly as it appears above and insert the actual date of signing

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE ☒

1 **Typewritten Full Name**
of Second Joint Inventor (if any) Hirotake NOZAKI
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2 **Inventor's Signature:** 弘 国 野崎
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1 **Typewritten Full Name**
of Third Joint Inventor (if any) _____
Given Name Middle Initial Family Name
2 **Inventor's Signature:** _____
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1 **Typewritten Full Name**
of Fourth Joint Inventor (if any) _____
Given Name Middle Initial Family Name
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3 **Date of Signature:** _____
Month Day Year
Residence: _____
City State or Province Country
Citizenship: _____
Post Office Address: _____
(Insert complete mailing address, including country)

1 **Typewritten Full Name**
of Fifth Joint Inventor (if any) _____
Given Name Middle Initial Family Name
2 **Inventor's Signature:** _____
3 **Date of Signature:** _____
Month Day Year
Residence: _____
City State or Province Country
Citizenship: _____
Post Office Address: _____
(Insert complete mailing address, including country)

*Note to Inventor: Please sign name exactly as it appears and insert the actual date of signing.
This form may be executed only when attached to the first page of the Declaration and Power of Attorney form of the application to which it pertains.